

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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40		/				
41	X					
42	X					
43	X					
44	X					
45	X					
46						
47						
48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.	2					
TOTAL CLAIMS	10					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						